

N 19000004029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

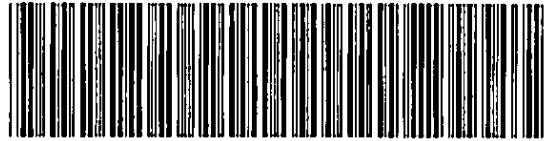
(Business Entity Name)

(Document Number)

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R. WHITE  
JAN 09 2019

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Pineapple Palms Townhome Association

Name of Corporation

**DOCUMENT NUMBER:** N19000004029

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diane Lee

Name of Contact Person

DLG Management Services

Firm/Company

406 N Hubert Avenue #101

Address

Tampa, Florida 33609

City/State and Zip Code

dlee@dlgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diane Lee

Name of Contact Person

at ( 813 ) 254-1600

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Pineapple Palms Townhome Association
2. The principal office address: 406 N Hubert Ave Suite 101  
Tampa, Florida 33609
3. The mailing address (if different): same
4. Date of incorporation/qualification: 3/4/19 Document number: N19000004029
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Dan Malloy  
1501 S. Dale Mabry Ave  
Tampa, FL 33609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DLG Management Services  
406 N Hubert Avenue #101  
P.O. Box NOT acceptable  
Tampa, FL 33609

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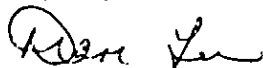
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*



\_\_\_\_\_  
Signature of Registered Agent

11/15/19

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Diana Lee

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314